

17834

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 11 1955

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| BIRTH NO. _____ | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. <u>661</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Doniphan</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wathena,</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>---</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u> | | | b. (Middle) <u>C.</u> | | | c. (Last) <u>WIEGANT</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>June 29, 1955</u> | | | | | | | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>April 1, 1874</u> | |
| 9. AGE (In years last birthday) <u>81</u> | | IF UNDER 1 YEAR Months Days | | IF UNDER 2 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate Agent</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm & Property</u> | | | 11. BIRTHPLACE (State or foreign country) <u>Wathena, Kansas</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | | | | |
| 13a. FATHER'S NAME <u>Henry Wiegant</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Emma Dubach</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Mary</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary Wiegant-Wathena, Ks.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage - Duodenal ulcer</u> | | | | | | <u>3 days</u> | |
| ANTECEDENT CAUSES | | DUE TO (b) _____ | | | | | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | |
| | | DUE TO (c) _____ | | | | <u>5410</u> | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u> | | | | <u>10 years</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>10</u> , to <u>29 July</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>29 July</u> , 19 <u>55</u> , and that death occurred at <u>9:45p m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>J. T. Mollenhead</u> (Degree or title) <u>MD</u> | | | | 23b. ADDRESS <u>2603 Fredrick Ave. St. Joe, Mo.</u> | | 23c. DATE SIGNED <u>6-30-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>6-30-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Bellefont Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Wathena, Kansas</u> | |
| DATE REC'D BY LOCAL REG. <u>July 6, 1955</u> | | REGISTRAR'S SIGNATURE <u>Cather M. Allison</u> | | 485-2 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harman Funeral Home-Wathena, Ks.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Charles M. Harmon

Licensed Embalmer No. 4487

P. O. Address Wathena, Kansas

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**: (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.